

Foster Family Home - Corrective Action Report

Provider ID: 1-562597

Home Name: Regina Dela Vega, CNA

Review ID: 1-562597-8

1018 A Kalihi Street

Reviewer: Julie Hastings

Honolulu HI 96819

Begin Date: 5/19/2020

Foster Family Home

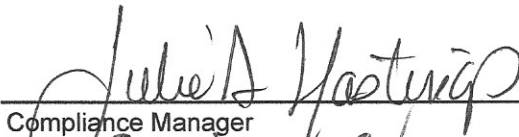
Required Certificate

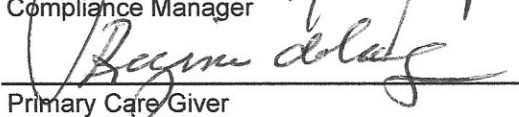
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)-Annual inspection conducted for this 2 bed home.
Home is in compliance with all reviewed HARS


Compliance Manager


Primary Care Giver


Date


Date